

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

If there is a penalty for transfer, the penalty is a period of restricted Medicaid coverage to an otherwise eligible individual. During this period, no Medicaid payments are made for the long-term care the individual is receiving. Medicaid payments are made for all other covered services provided to the recipient during the period of restricted coverage.

The period of restricted coverage begins with the month in which such resources were transferred and the number of months in such period is equal to the lesser of:

1. 30 months; or
2. the total uncompensated value of the resources transferred, divided by the monthly cost, to a private patient, of semi-private, skilled nursing facility services in the same long-term care facility and at the same level of care. If a penalty period is imposed on an individual in a home and community based waiver program, the monthly cost is the average cost of nursing home care used in the waiver program.

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SUPPLEMENT 9 TO ATTACHMENT 2.6-A
Page 3

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An individual who lives in a long-term care living arrangement or his/her spouse will have no penalty period of restricted coverage if:

1. the transfer was for fair market value; or
2. the resource was a home and title to the home was transferred to:
 - a. the spouse of the individual; or
 - b. a child of the individual who is under the age of 21 or is blind or permanently and totally disabled; or
 - c. a sibling of the individual who has an equity interest in the home and has been residing in the home for at least one year prior to the individual's admission to long-term care; or
 - d. a son or daughter of the individual (other than a child described in b.) who:

was residing in the individual's home for at least the two years prior to his/her admission to the facility;
and

provided care (during at least part of this period) to the individual which enabled him/her to reside at home rather than in a long-term care facility; or
3. the resource was not a home and was transferred:
 - a. to or from (or to another for the sole benefit of) the individual's spouse; or
 - b. to a child of the individual who is blind or permanently and totally disabled; or

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4. the applicant/recipient can rebut by a satisfactory showing that:
 - the individual intended to dispose of the resources either at fair market value, or for other valuable consideration; or
 - the resources were transferred exclusively for a purpose other than to qualify for Medicaid.
5. the transfer was made under court order; or
6. the resource transferred was the home of an individual who is an inpatient in a medical institution as permitted under section 1917(c) (2) (A).
7. the State determines that restricted coverage would work an undue hardship.